

JAN 11 2007

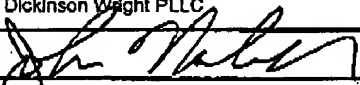
PTO/SB/21 (09-04)

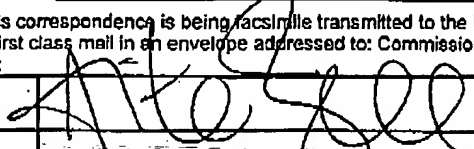
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/605,886
	Filing Date	November 4, 2003
	First Named Inventor	Ronald J. DeHAAS, et al.
	Art Unit	2154
	Examiner Name	Nguyen, Dustin
	Attorney Docket Number	28749.00003
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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Date	January 11, 2007	Reg. No. 46,487

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PTO/SB/02 (04-05)

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/605,886
Filing Date	November 4, 2003
First Named Inventor	Ronald J. DeHAAS, et al.
Art Unit	2154
Examiner Name	Nguyen, Dustin
Attorney Docket Number	28749.00003

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 35161☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

35161

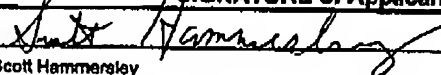
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Scott Hammersley		
Date	1-5-2007	Telephone	989-720-6009

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005, OMB 0851-0035

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Application Number	10/805,886
Filing Date	November 4, 2003
First Named Inventor	Ronald J. DeHAAS, et al.
Art Unit	2154
Examiner Name	Nguyen, Dustin
Attorney Docket Number	28749.00003

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Individual Name

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Colin Rose

Date

Telephone

989-720-6002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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